



MICHIGAN DEPARTMENT OF STATE

Uniform Commercial Code
P.O. Box 30197
Lansing, Michigan 48909-7697
www.michigan.gov/sosucc

Filing Acknowledgement

July 06, 2018 09:51 AM

Work Order Number
WO201807060000162

Initial Filing Number
20180706000183-2

Filing Description
UCC-1

Document Filing Number
20180706000183-2

Debtors

INTERNAL REVENUE SERVICE

1270 PONTIAC ROAD
Pontiac, MI 48340 USA

G.J. CATER-LOUIS

1270 PONTIAC ROAD
Pontiac, MI 48340 USA

LISA PATTERSON

1270 PONTIAC ROAD
Pontiac, MI 48340 USA

ANGELA DAVIS

1270 PONTIAC ROAD
Pontiac, MI 48340 USA

DETROIT POLICE & FIRE RETIREMENT SYSTEM

500 WOODWARD AVENUE
STE. 3000
Detroit, MI 48226 USA

DAVID CETLINSKI

500 WOODWARD AVENUE
STE. 3000
Detroit, MI 48226 USA

KELLY TAPPER

500 WOODWARD AVENUE
Detroit, MI 48226 USA

Secured Parties

THOMAS JAMES BROWN

15216 CARLISLE
Detroit, MI 48205 USA

Thomas-James: Brown-Bey

C/O [15216] Carlisle Street
Non-Domestic without US
Detroit, MI 48205-9998 USA

The Michigan Secretary of State, Uniform Commercial Code office has filed the attached documents. The filing number, date, and time are shown on each document. The filing number can be used to reference the document in the future.

Ruth Johnson
Secretary of State



MICHIGAN DEPARTMENT OF STATE

Uniform Commercial Code
 P.O. Box 30197
 Lansing, Michigan 48909-7697
www.michigan.gov/sosucc

July 06, 2018

Work Order Number: WO201807060000162

Work Order Receipt

Charges

Description	Filing Number	Qty	Price	Amount
UCC-1 Initial Financing Statement	20180706000183-2	1	\$15.00	\$15.00
Total				\$15.00

Payments Received

Type	Description	Amount
Credit Card	18070663210747	\$15.00
Total		\$15.00

UCC FINANCING STATEMENT

Michigan Department of State - Uniform Commercial Code

FOLLOW INSTRUCTIONS

Filing Number: 20180706000183-2

Filing Date and Time: 07/06/2018 09:51 AM

Total Number of Pages: 3

(This document was filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) THOMAS JAMES BROWN TRUST
B. E-MAIL CONTACT AT FILER (optional) tjbenterprisesusa@yahoo.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) THOMAS JAMES BROWN TRUST c/o 23205 Gratiot Avenue PMB 190 Eastpointe, MI 48021-9999 USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

1a. ORGANIZATION'S NAME INTERNAL REVENUE SERVICE			
OR			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1270 PONTIAC ROAD		CITY Pontiac	STATE MI POSTAL CODE 48340 COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S SURNAME CATER-LOUIS	FIRST PERSONAL NAME G.J.	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1270 PONTIAC ROAD		CITY Pontiac	STATE MI POSTAL CODE 48340 COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b).

3a. ORGANIZATION'S NAME THOMAS JAMES BROWN			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 15216 CARLISLE		CITY Detroit	STATE MI POSTAL CODE 48205 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
THIS IS ACTUAL AND CONSTRUCTIVE NOTICE

NOTICE OF TORT CLAIM WITH ASSESSMENT FOR DAMAGES, SENT MARCH 28, 2018, USPS REGISTERED CERTIFIED MAIL NO. 70150640000033170612, SENT ON MAY 8, 2018, NOTIONAL ACCEPTANCE CERTIFIED MAIL NO. 70151730000085931284, SENT JUNE 4, 2018, NOTICE OF TORT CLAIM WITH ASSESSMENT FOR DAMAGES. All agents and principals are hereby Notice of claim made against all assets foreign and domestic for claims against Secured Parties. Adjustment of this filing is in accordance with UCC Sections 1-103, 1-104, 10-104, and HJR-192, Public Law 73-10.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input checked="" type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input checked="" type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input checked="" type="checkbox"/> Bailor/Borrower <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: TERMINATION OF FRAUDULENT IRS LIEN NO. 220337416	

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME
INTERNAL REVENUE SERVICE

OR
18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR
19b. INDIVIDUAL'S SURNAME

PATTERSON

FIRST PERSONAL NAME

LISA

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

1270 PONTIAC ROAD

CITY

Pontiac

STATE

MI

POSTAL CODE

48340

COUNTRY

USA

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR
20b. INDIVIDUAL'S SURNAME

DAVIS

FIRST PERSONAL NAME

ANGELA

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

1270 PONTIAC ROAD

CITY

Pontiac

STATE

MI

POSTAL CODE

48340

COUNTRY

USA

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

DETROIT POLICE & FIRE RETIREMENT SYSTEM

OR
21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

500 WOODWARD AVENUE STE. 3000

CITY

Detroit

STATE

MI

POSTAL CODE

48226

COUNTRY

USA

22. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR
22b. INDIVIDUAL'S SURNAME

Brown-Bey

FIRST PERSONAL NAME

Thomas-James:

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

C/O [15216] Carlisle Street Non-Domestic without US

CITY

Detroit

STATE

MI

POSTAL CODE

48205 9998

COUNTRY

USA

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR
23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME
INTERNAL REVENUE SERVICE

OR
18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR
19b. INDIVIDUAL'S SURNAME
CETLINSKI

FIRST PERSONAL NAME
DAVID

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS
500 WOODWARD AVENUE STE. 3000

CITY
Detroit

STATE
MI

POSTAL CODE
48226

COUNTRY
USA

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR
20b. INDIVIDUAL'S SURNAME
TAPPER

FIRST PERSONAL NAME
KELLY

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS
500 WOODWARD AVENUE

CITY
Detroit

STATE
MI

POSTAL CODE
48226

COUNTRY
USA

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR
21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR
22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR
23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS: